BULLETIN

of the

ONTARIO COLLEGE OF PHARMACY

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H. J. Fuller, Editor

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The Ontario College of Pharmacy is the pharmaceutical licensing body for the Province of Ontario, Canada. All pharmacists licensed in Ontario are *IPSO FACTO* members of the College.

The majority of contributors to the Bulletin are members of the Faculty of Pharmacy, University of Toronto. However, contributions are welcomed from all members of the College.

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MONTREAL CANADA

W. S. Luton

BIOGRAPHY OF W. S. LUTON,
President O.C.P. 1955-57

This is a biographical sketch of W. S. Luton, immediate past-president of the Ontario College of Pharmacy, condensed from material gathered by Don Harper for a paper in History of Pharmacy under Dr. G. R. Paterson.

"Staff" was born in Belleville, the son of J. T. Luton, a high-school classics teacher. The family moved several times but finally settled in Guelph where Staff grew up. In 1917, W. S. Luton apprenticed to Alex Stewart, a past president of the Ontario College of Pharmacy. In Staff's own words, he has "spanned the three variations in pharmacy" that have occurred since 1900. When Staff started his apprenticeship the old jars were "out front" and the art of the apothecary was respected. Soon a change in attitude resulted in less time spent in the dispensary as merchandising achieved a new popularity.

After graduation from the Ontario College of Pharmacy in 1922, Staff returned to Guelph. Later he became a medical service representative for C. R. Will but did not find this to his liking. In 1923 Mr. Luton married Constance Spittel, a classmate at O.C.P. and a fellow pharmacist. In 1927 he acquired a pharmacy at James and Simcoe Streets in Hamilton which had been in constant operation since 1884.

In 1937 W. S. Luton became a member of the executive committee of the Hamilton Retail Druggists' Association and later became its president. In 1940 the president of the H.R.D.A., Lloyd Zimmerman, W. S. Luton, secretary, George Gerrie, and Bert Irving compiled a prescription pricing schedule, the first in Ontario.

In 1939-40 Mr. Luton was elected to the I.D.A. Merchandising Committee of Drug Trading Company, a position he maintained until 1946 when he became a director of Drug Trading Company.

Nominated by Urshel Campbell, Staff was elected to the Council of the Ontario College of Pharmacy in 1941. In 1942 he became a member of the Board of Education of Hamilton, representing Ward 5. During his first term of office on the Council of the O.C.P. he was a member of the By-Laws and Legislation Committee. In 1943, the Registrar of the O.C.P., Mr. MacFarlane died; Mr. H. M. Corbett, a member of the Council for almost twenty years, and chairman of the Education Committee was appointed Registrar and "Staff" became Chairman of the very important Education Committee.

Through 1944, the Council offered examinations to candidates for licensing, and these examinations were followed by another set of examinations for the degree of Phm.B. by the University of Toronto. Under the guidance of the chairman of the Education Committee the council revamped its policy and eliminated one set of examinations so that the candidate who received his Phm.B. from the University of

[Continued on Page 58]

THE SECOND HOSPITAL PHARMACY SURVEY—PART II
POLICIES

Legally qualified, professionally competent pharmacists should be employed by all hospitals to compound and dispense prescriptions for hospital patients. If, for any reason, this is not feasible, the services of a pharmacist in a nearby retail pharmacy should be obtained to carry out this responsibility.

In either case it is essential to establish both administrative and professional policies, relating to the pharmacy department. Such policies enable the pharmacy to operate as a functional unit within the framework of the hospital organization. In addition, they help maintain the proper relationships between the pharmacy department and the medical staff, the pharmacy department and the hospital personnel and the pharmacy department and the retail pharmacies in the community.

Professional policies pertaining to the pharmacy department in the hospital are set up by the hospital pharmacist and the Pharmacy and Therapeutics Committee. (Bulletin of the Ontario College of Pharmacy, 7: 20, Jan., 1958). Administrative policies, covering the business and administrative aspects of the operations of the pharmacy department are established by the hospital pharmacist and the hospital administrator. It is in this area that the pharmacist, with training in hospial pharmacy practice, makes a valuable contribution to the hospital, the community and also to industrial and retail pharmaceutical organizations. In all hospitals, the maintenance of sound administrative and professional policies, pertaining to the pharmacy department, provide the proper climate for mutual understanding among these groups and promote good public relations within the hospital and without.

An active Pharmacy and Therapeutics Committee and the use of the Formulary system provide the most efficient hospital pharmacy service and are highly recommended by the Joint Commission on Accreditation of Hospitals for better patient care. Of the hospitals reported in this survey, 103 have a Pharmacy and Therapeutics Committee, 71 maintain a current Formulary and 94 reported a current basic drug list. In Ontario, 41 have a Pharmacy and Therapeutics Committee, 22 have a Formulary and 33 indicated that a basic drug list was available. The number of replies received from Ontario hospitals which employ a pharmacist totalled 49. At the present time, in these hospitals, acceptance of this Committee appears to be widespread.

It is generally agreed that the pharmacy department in a hospital should be maintained to fill prescriptions for the patients who occupy beds in the hospital. Except in an emergency, prescriptions should not be sent home with patients and, if they are, the amount of each prescription should be limited to a quantity sufficient to cover the emergency. Teaching hospitals and others, which provide service for indigents and veterans on an out-patient basis, usually permit these patients to obtain their medications through the out-patient pharmacy in the hospital. In the case of indigent patients, the hospital assumes the responsibility for supplying these prescriptions at a nominal cost or on a free basis, if necessary, in order that the time of the staff spent

in diagnosis may not be wasted and that the patient may be restored to health as quickly as possible and be returned to work. Some hospitals also supply medications and fill prescriptions for hospital personnel, but as a rule these are limited to the employees and the members of their immediate families. If definite policies covering these circumstances are not established by the pharmacy department and the hospital, the services of the pharmacy staff may be used in an uneconomical manner and much time wasted making the proper decisions in each individual case. Numerous interruptions also do not permit the pharmacy staff to perform efficiently their duties and responsibilities relating to in-patient service and result in strained interdepartmental relationships within the hospital. The lack of policies pertaining to home-going prescriptions and charges for out-patient medications may result in poor public relations between the hospital and the community.

In this survey, 67 hospitals reported that they filled home-going prescriptions and 70 hospitals reported that they did not. Among the replies received from Ontario, 25 hospitals do and 23 hospitals do not. Will this service be permitted under the Ontario Hospital Care Plan? **Hospital pharmacists and hospital administrators will need to review these policies in the terms of the new program being introduced in January, 1959.**

These totals are shown in Table VII. which also includes statistics on out-patient prescriptions and staff medications. In Canada, 66 hospitals reported in this survey that they do fill out-patient prescriptions, while 71 hospitals do not. In Ontario, 20 hospitals replied in the affirmative, and 28 hospitals replied in the negative. The majority of the hospitals in Canada fill orders for staff medications, i.e. 109 answered "yes" and 23 "no". Ontario hospitals which do, numbered 42, and those which do not are reported as 6. In both Canada and the province of Ontario, the majority of the hospitals which do fill prescriptions for medications require the employee to present a properly written prescription, signed by a member of the hospital medical staff, as well as some form of personal identification to show that the person is presently employed by the hospital. Most Canadian and Ontario hospitals fill orders for nurses, students, staff internes and physicans. A large number supply medications to families of hospital personnel, but very few do so for friends of hospital personnel and hospital alumni.

It is also interesting to note that a few hospitals have some prescriptions filled at local pharmacies. In this survey, 32 hospitals reported that they do, while 104 stated that they do not. In Ontario, 11 hospitals replied "yes", but 36 hospitals answered "no". In Canada, 3 hospitals stated that they had prescriptions filled at another hospital. One hospital in Ontario is reported in this category.

With the present shortage of qualified pharmacists, it is to be hoped that more retail pharmacists may be persuaded to assist nearby hospitals with their pharmacy departments and share the services of their staff on a part-time basis. According to the present Ontario Pharmacy Act, it is not mandatory that a hospital employ a legally qualified pharmacist. If the services of a pharmacist are not available, the handling of drugs and pharmaceuticals must, of necessity, be delegated to unlicensed and unqualified persons on the hospital staff. Under such circumstances, the protection regarding pharmaceutical ser-

vice afforded a patient treated at home is immediately withdrawn when that person enters such a hospital. The need for improvement in pharmacy service in many hospitals is evident when only 79 out of 173 Ontario hospitals of 50 beds and over employ a pharmacist. (Bulletin of the Ontario College of Pharmacy, 7: 7, Jan., 1958). **Is it possible that hospitals and independent pharmacists are unaware of the potential dangers inherent in the handling of medications under these circumstances and are also not cognizant of the full scope of the services a professional pharmacist can provide for small hospitals?**

PURCHASING POLICIES

In the administration of the pharmacy department of a hospital, one of the most important duties and responsibilities of the pharmacist is the purchase of the pharmaceutical preparations stocked by the department. In hospitals with an active Pharmacy and Therapeutics Committee, the pharmacist will be guided by the advice of the members of the medical staff on this committee as to the therapeutic specifications required for these medications. If a Formulary or Basic Drug List has been set up by this committee, he will purchase, for regular use in the hosptial, only those items which are accepted for inclusion in this formulary or basic list. Since the committee is responsible to the medical staff as a whole and its recommendations are subject to medical staff approval, specifications for pharmaceuticals agreed upon by this committee and approved by the medical staff, will, in most cases, meet the needs of the medical staff in that particular hospital and duplications of therapeutically similar or identical specialties will be eliminated. The pharmacist will thus be able to keep his stock to a minimum and also purchase in larger quantities and at the best price which may be obtained within the limits of these specifications. However, the prerogative of any medical staff member to use a non-formulary or non-basic list preparation for the treatment of private patients in the hospital, may be covered by policies permitting the pharmacist to obtain small quantities of these items on special order. In large hospitals with well organized purchasing departments, the pharmacist may not do the actual purchasing, but may merely give the specifications to the purchasing agent who will purchase the pharmaceuticals along with other hospital purchases. In such instances, however, the pharmacist should retain the right to reject any items which do not meet the specifications designated.

It is generally agreed that hospitals which do not employ a pharmacist and which do not recognize the organizational line of communication or liaison between the medical staff and the Pharmacy Department, through this Pharmacy and Therapeutics Committee, are seriously handicapped in the efficient and economical administration of the Pharmacy Department. This committee assists in the formulation of broad professional policies regarding the evaluation, selection, procurement, distribution, use, safety procedures and other matters relating to drugs in hospitals. It is therefore a very important educational and advisory tool. A hospital pharmacist, who has the support of an active Pharmacy and Therapeutics Committee will be able to purchase pharmaceuticals for his department with confidence and with the assurance that the patients and medical staff, whom he serves, have available for their use those preparations approved and accepted for rational drug therapy.

Table VII. shows that in the majority of Canadian hospitals, which employ a pharmacist, reported in this survey, the pharmacist is responsible for setting up the specifications for the drugs and pharmaceuticals to be purchased and for purchasing these items. The total number of pharmacists setting specifications, according to this Table is 112 or 86.0%. The pharmacists who purchase drugs and pharmaceuticals in our Canadian hospitals number 102 or 76.6% In Ontario, 44 pharmacists set the specifications and 45 pharmacists do the actual purchasing. In some hospitals, however, administrators, nursing supervisors, business managers and purchasing agents purchase drugs and pharmaceuticals.

Only 6 hospitals named the Pharmacy Medical Committee as the body responsible for setting specifications for the purchase of drugs. However, 5 hospitals designated the Central Medical Stores (Ottawa) as being vested with this duty and in these hospitals this body performs many of the functions of the Pharmacy and Therapeutics Committee in non-government hospitals.

It might therefore be concluded that while most Canadian hospitals accept the fact that the pharmacist is the logical member of the hospital staff to set the specifications and purchase drugs and pharmaceuticals, many hospitals still do not recognize the organizational line of communication or liaison between the medical staff and the Pharmacy Deparment through the Pharmacy and Therapeutics Committee. This might indicate that these committees are not as active as they should be in some hospitals.

Looking back at Table VII. statistics on three questions pertaining to purchasing should be noted. In Canada, 120 hospitals reported that special hospital discounts were received when drugs and pharmaceuticals were purchased. Of these, 43 hospitals are located in Ontario. The number of hospitals stating that free goods were reecived is indicated as 89 for Canada and 34 for Ontario. The majority of the hospitals in Canada reporting on Sales Tax Exemption replied that their drugs and pharmaceuticals were purchased Sales Tax Exempt, i.e. 90 "yes" and 36 "no". In Ontario, however, the reverse is true. Of the 43 Ontario hospitals which replied to this question, 11 stated that drugs and pharmaceuticals were purchased Sales Tax Exempt and 32 indicated that they were not.

FINANCIAL ANALYSIS

Bare figures are of little value unless they can be made to speak. Financial statements are usually subjected to analytical procedures which give them additional meaning. In the Survey questionnaire, financial statements were not requested but certain "key figures" that would not involve a great deal of extra work to produce, were requested. While only 45 hospitals employing a pharmacist or 32% of the replies contained a sufficient number of "key figures" to make analysis significant, they do aid in the creation of at least rough guides for comparative purposes.

Financial ratios are definite expressions of quantitative relationships of distinct elements or factors of aggregates or groups of elements. The percentage form is the most common mode of expression. In a business concern, to say that the amount of officers' salaries is equal to 3% of sales is a fact of intrinsic importance and a relationship that from the management point of view may be of more im-

portance than the individual amounts. Certainly, no enterprise, whether it be for profit or not, can be managed efficiently if costs, are unknown, since income must be large enough to cover costs.

In Table VIII, the "key figures" requested were (1) Yearly Hospital Expenditures for Drugs and Pharmaceuticals (2) Average Pharmacy Inventory (3) Annual Pharmacy Income from Drugs and Pharmaceuticals and (4) Number of Prescriptions and Ward Orders filled. In a merchandising establishment the cost of the merchandise that disappears, that is sold, in a given period of time is calculated by adding purchases during the period to the inventory at the beginning of the period and then subtracting the inventory at the end of the period. In Table VIII we assumed that inventory was relatively constant, and therefore, the cost of the drugs and pharmaceuticals that disappeared, (that is used up) during the period, would be approximately equal to the Yearly Hospital Expenditures for Drugs and Pharmaceuticals. Hence by dividing this figure by the number of prescriptions and ward orders filled during a year we can arrive at, again approximately, the average cost of the ingredients in a prescription or ward order. Likewise, if we divide the annual income from drugs and pharmaceuticals by the number of prescriptions and ward orders, we can approximate the average selling price to the patient of a prescription or ward order.

Also, for management purposes, we can calculate the ratio of the total sum paid for pharmacists' salaries to total income from the sale of prescriptions and ward orders, just as a commercial enterprise finds the relationship of employees' wages to sales. Again, if we divide the annual payments to pharmacists by the number of prescriptions and ward orders filled, we can find the labour cost involved in filling a prescription or ward order. This assumes, of course, that the pharmacist performed no other functions except the filling of prescriptions and ward orders which is a fallacious assumption, but it does give us a comparative figure for evaluating the efficiency of the functions among hospitals of similar bed capacity, and provides a working tool to discover if there is any relative difference in cost of performing these functions in hospitals of different bed capacity.

Cost of Prescriptions and Ward Orders

A study of Table VIII indicates that 18% of the hospitals submitting "key figures" received less revenue for the average prescription and ward order than the sum of the average ingredient cost and average unit salary cost. Another 27% received less than 15c per prescription and ward order above the sum of ingredient cost and average unit salary cost. This does not seem sufficient margin with which to pay the rent, heat, light, accounting and other administrative expenses of the operation of the pharmacy. These figures are all in error, of course, to the extent that some of these hospital pharmacies may have increased their inventories during the period. However, on the asumption that there is an equal likelihood that an equal number decreased their inventories and thereby show a higher differential between cost and selling price when possibly a loss was the case, the percentages are likely not far from reality. Further, it is impossible to ascertain the ratio of prescriptions filled for in-patients and out-patients who pay less and in some cases no payment for prescriptions.

Of the 8 hospitals that "sold" their prescriptions and ward orders for less than ingredient plus salary cost, five reported their method of prescription pricing as "cost plus 10%", one "list less 20%", one "cost plus 20%" but said that one-third of their prescriptions were free, and the eighth did not report prescription pricing method.

In every hospital pharmacy, as in every retail pharmacy, there is a "transaction" cost in dispensing a prescription or ward order. It will vary from hospital to hospital depending on a number of factors but it is the same in each hospital whether the prescription calls for phenobarbitone tablets or aureomycin capsules. It is therefore, quite fallacious and unrealistic to try to recover costs through a percentage of the actual cost of the ingredients used. In other words, the transaction cost is NOT a function of the cost of the ingredients. Eighty-seven percent of all hospitals reporting the employing of a pharmacist reported that **they received some special discounts when they purchased drugs and pharmaceuticals.** This fact makes it even more difficult to recover 'transaction' costs by adding 10% of cost as a method of pricing prescriptions. Operating costs cannot be recovered unless opering costs are less than 10% of cost of all ingredients and this is quite impossible even if non-professional help is used almost exclusively to do the dispensing. One hospital in this group lost 27c on every prescription and ward order filled. The work-load for the pharmacist was 92.5 prescriptions or ward orders per hour (an impossible feat). The pharmacist's salary as a percent of income from prescriptions was 3.7% and total salary cost of all employees of the pharmacy was 11.2%, indicating a large ratio of non-professional help. Even then, the average unit salary cost was only 7c. In four of the eight hospitals in this group the average loss per prescription was greater than the average unit salary cost. In other words, their prescriptions were 'sold' below the cost of the ingredients.

Fifty-five percent of those reporting 'key' figures were able to recover more than an average of 15c per prescription above the cost of ingredients plus unit salary cost*. Eighty per cent of these (or 45% of the total of 45 reporting) used the 'list price' method of prescription pricing. The amount recovered above cost* ranged from 16c to $1.85 per prescription or ward order. There is no correlation between the amount recovered above cost and unit salary cost. One might expect that as the amount recovered above cost goes up, unit salary cost might go down and average work-load go up, indicating smaller salaries and a large ratio of non-professional employees to professional employees. However, the reverse seems to be true. As the amount recovered above cost went up, unit salary cost went up and average work-load went down, indicating that when prescriptions are priced at list price the hospital can afford adequate salaries to its professional personnel for a reasonable work-load. In the following chart the categories are 8 hospitals failing to recover cost, 12 recovering from 1c to 15c above cost, 8 recovering from 16c to 50c, 12 recovering 51c to $1.00 and 5 recovering over $1.00. In retail pharmacy practice the average "transaction" cost (including salaries) of dispensing a prescription is conservatively estimated at not less than 91c. On this basis, only the 5 hospitals recovering over $1.00 were more than breaking-even. The other 40 priced their prescriptions and ward orders at the break-even point or lower. It would

	Alberta		British Columbia		Manitoba		Nova Scotia		New Brun
	YES	NO	YES	NO	YES	NO	YES	NO	YES
Is there a Pharmacy Committee of the Medical Staff?	10	3	15	5	5	2	6	2	2
Is a Formulary kept current?	10	4	12	7	2	3	5	2	4
Is a Drug List kept current?	14	....	13	3	4	1	5	2	4
Do you fill take-home prescriptions?	3	10	10	11	5	2	3	5	3
Do you fill out-patient prescriptions?	6	8	9	11	5	2	4	4	3
Are any prescriptions filled for the hospital at another hospital?	1	13	....	20	....	7	....	8	....
Are any prescriptions filled for the hospital at local pharmacies?	3	11	5	15	1	6	2	6	3
Do you fill orders for staff medication?	10	2	13	5	6	1	6	2	6
a. Are these on prescription only?	8	....	9	2	5	1	5	....	5
b. Written by staff physicians only?	5	5	5	6	2	3	4	1	4
c. Do you require identification of personnel?	6	2	11	1	5	....	7	1	4
i. special signature on prescription?	6	1	8	2	3	....	5	1	4
ii. printed hospital form?	4	2	4	3	1	1	2	2	1
DO YOU FILL ORDERS FOR:									
a. Nurses	3	....	1	....	2	....	....	1	....
b. Students	11	....	8	....	5	....	6	1	3
c. Staff	9	2	11	....	4	....	5	2	4
d. Internes	9	1	7	1	5	....	4	2	3
e. Physicians	9	3	6	2	2	....	4	2	1
f. Families of Hospital Personnel	2	6	6	2	3	1	3	3	2
g. Friends of Hospital Personnel	1	7	....	6	....	3	....	5	....
h. Hospital Alumni	1	7	....	6	....	3	....	5	....
When purchasing drugs & pharmaceuticals do you receive:									
a. Any special hospital discounts?	11	....	18	....	6	....	6	....	6
b. Any free goods?	8	4	13	4	6	....	5	1	2
c. Are these Sales Tax Exempt?	12	....	18	....	7	....	7	....	5
Who purchases drugs & pharmaceuticals?									
a. Registered Pharmacist?	8	....	16	....	5	....	4	....	1
b. Administrator?	3	....	....	....	....	....	1	....	....
c. Nursing Supervisor?	....	....	....	....	1	....	....	....	1
d. Business Manager?	....	....	....	....	....	....	1	....	1
e. Bursar?	1	....	....	....	....	....	....	....	....
f. Director of Pharmacy?	....	....	....	....	....	....	....	....	1
g. Purchasing Agent:									
i. Hospital?	....	....	....	....	....	....	....	....	....
ii. DVA?	1	....	1	....	1	....	1	....	1
iii. N.H. & W.?	....	....	1	....	....	....	....	....	....
iv. Provincial/Municipal?	....	....	2	....	....	....	1	....	1
Who sets specifications?									
a. Pharmacist?	12	....	12	....	5	....	6	....	2
b. Pharmacy Medical Committee?	1	....	2	....	....	....	2	....	....
c. Central Medical Stores (Ottawa)?	....	....	3	....	1	....	....	....	....
d. I.N.H.S. Head Office?	....	....	1	....	....	....	....	....	....
e. Nursing Supervisor?	....	....	....	....	1	....	....	....	1
f. Director of Pharmacy?	....	....	....	....	....	....	....	....	1
g. Superintendent?	....	....	....	....	....	....	....	....	1

TABLE VII

Nova Scotia		New Brunswick		Newfoundland		Ontario		Quebec		Saskatchewan		TOTAL	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
6	2	2	3	1	....	41	7	14	6	9	4	103	32
5	2	4	1	1	....	22	20	12	6	3	10	71	53
5	2	4	1	1	....	33	12	15	4	6	6	94	29
3	5	3	3	1	....	25	23	15	5	2	11	67	70
4	4	3	3	1	....	20	28	14	6	4	9	66	71
....	8	....	5	....	1	1	47	1	19	....	13	3	133
2	6	3	3	1	....	11	36	4	16	2	11	32	104
6	2	6	....	1	....	42	6	16	3	9	4	109	23
5	....	5	1	1	....	29	13	16	1	6	4	84	22
4	1	4	1	1	....	23	17	14	2	6	3	64	38
7	1	4	2	....	1	35	6	15	....	9	3	92	16
5	1	4	....	....	....	24	3	9	3	6	2	65	12
2	2	1	....	1	....	20	3	10	1	4	2	47	14
....	1	....	....	....	....	5	1	6	....	1	....	18	2
6	1	3	....	1	....	35	2	15	1	10	....	93	4
5	2	4	....	1	....	38	2	15	1	10	3	97	10
4	2	3	1	1	....	22	4	15	2	4	....	70	11
4	2	1	4	....	....	18	12	11	5	6	1	57	29
3	3	2	3	....	....	15	19	5	9	7	1	43	44
....	5	....	4	....	....	....	31	1	11	1	5	3	72
....	5	....	4	....	....	4	27	1	10	1	4	7	66
6	....	6	....	....	1	43	4	16	1	13	....	120	6
5	1	2	1	....	1	34	11	12	3	9	3	89	28
7	....	5	1	1	....	11	32	16	3	13	....	90	36
4	....	1	....	....	....	45	....	12	....	11	....	102	....
1	....	....	....	....	....	....	....	2	....	....	....	6	....
....	....	1	....	....	....	1	....	1	....	....	....	4	....
1	....	1	....	....	....	....	....	1	....	....	....	3	....
....	....	....	....	....	....	....	....	....	....	....	....	1	....
....	....	1	....	....	....	....	....	....	....	....	....	1	....
....	....	....	....	....	....	1	....	2	....	2	....	5	....
1	....	1	....	....	....	1	....	1	....	....	....	7	....
....	....	....	....	....	....	....	....	1	....	....	....	2	....
1	....	1	....	....	....	1	....	....	....	....	....	5	....
6	....	2	....	....	....	44	....	18	....	13	....	112	....
2	....	....	....	....	....	1	....	....	....	....	....	6	....
....	....	....	....	....	....	....	....	1	....	....	....	5	....
....	....	....	....	....	....	....	....	1	....	....	....	2	....
....	....	1	....	....	....	....	....	....	....	....	....	2	....
....	....	1	....	....	....	....	....	....	....	....	....	1	....
....	....	1	....	....	....	1	....	....	....	....	....	2	....

TABLE VIII

CODE NUMBER	Number of Beds	Annual Expenditures for Drugs and Pharmaceuticals	Pharmacy Inventory	Annual Pharmacy Income from Drugs and Pharmaceuticals	Total Annual Salaries of Pharmacists	Pharmacists' Salaries as % of Income from Drugs & Pharmaceuticals	Pharmacists' and Lay Personnel Salaries as % of Income from Drugs & Pharmaceuticals	Annual Number of Rx & Ward Orders	Average Work Load per Pharmacist[a]	Unit Professional Salary Cost per Rx or Ward Order	Total Unit Salary Cost per Rx or Ward Order	Average Ingredient Cost per Rx or Ward Order	Average Sale Price per Rx or Ward Order
150 to 199 Beds — 7 Hospitals													
A. 2	198	$25,963	$ 9,479	$35,580	$ 3,500	9.8%	14.0%	36,000	14.4	$0.10	$0.14	$0.72	$0.99
O. 7	184	25,329	10,000	40,160	4,500	11.2%	11.2%	20,184	8.8	0.22	0.22	1.25	1.98
O. 18	173	64,000	8,700	105,000	4,500	4.3%	5.7%	24,000	11.2	0.19	0.25	2.67	4.37
O. 4	172	40,000	10,000	72,000	4,800	6.6%	8.7%	28,800	12.6	0.17	0.22	1.39	2.50
O. 47	168	50,000	12,000	87,500	10,000	11.4%	11.4%	34,320	5.9	0.29	0.29	1.45	2.54
O. 13	165	33,373	6,000	48,480	5,500	11.3%	19.5%	39,696	19.6	0.14	0.24	0.84	1.22
Q. 16	153	19,800	10,000	36,000	3,800	10.5%	18.3%	48,000	17.1	0.08	0.14	0.41	0.75
Average		36,923	9,454	59,245	5,228	9.3%	12.7%	33,000	12.8	0.16	0.21	1.12	1.83
200 to 399 Beds — 22 Hospitals													
B.C. 16	204	72,500	12,201	66,198	5,500	8.3%	10.6%	33,600	16.1	0.16	0.21	2.16	1.97
M. 5	375	75,000	25,000	130,000	11,500	8.8%	11.2%	84,000	12.8	0.14	0.17	0.89	1.54
M. 2	293	38,000	8,500	45,000	4,500	10.0%	13.3%	48,000	21.0	0.09	0.13	0.79	0.94
M. 6	250	35,000	10,000	38,000	3,400	8.9%	12.9%	46,596	20.4	0.07	0.11	0.75	0.81
N.B. 2	263	65,100	18,276	104,328	4,500	4.3%	5.8%	98,400	39.4	0.05	0.06	0.66	1.06
N.S. 7	283	27,500	10,717	39,740	8,000	20.1%	26.4%	36,000	7.9	0.22	0.29	0.76	1.10
N.S. 3	251	18,263	5,590	24,534	3,500	14.2%	20.3%	26,880	10.8	0.13	0.19	0.67	0.91
N.S. 6	204	23,307	9,000	43,286	8,500	19.6%	23.1%	31,800	3.9	0.27	0.31	0.73	1.36
O. 34	358	72,339	27,455	136,995	10,000	7.2%	8.4%	28,800	6.2	0.35	0.39	2.51	4.75
O. 35	341	35,000	7,600	52,000	4,500	8.6%	11.5%	26,400	13.0	0.17	0.23	1.32	1.43
O. 43	286	64,000	18,700	78,000	4,500	5.7%	7.7%	51,600	22.6	0.09	0.12	1.24	1.51
O. 40	296	76,490	13,000	137,442	10,000	7.2%	10.9%	72,000	15.7	0.14	0.21	1.06	1.90
O. 39	227	30,000	9,300	16,000	4,500	28.1%	37.5%	31,680	15.2	0.14	0.19	0.50	0.94
O. 29	221	17,000	7,000	33,000	5,500	16.6%	18.2%	24,960	10.9	0.22	0.24	0.68	1.32
O. 15	208	28,000	7,000	66,000	4,500	6.8%	10.6%	48,000	17.1	0.09	0.15	0.58	1.37
O. 14	214	60,679	18,838	100,000	4,500	4.5%	7.0%	60,000	29.6	0.08	0.12	1.01	1.66
O. 8	218	23,384	6,498	37,697	4,200	11.1%	15.3%	79,200	38.1	0.05	0.07	0.30	0.47
O. 25	261	60,000	12,000	95,000	5,500	5.7%	10.0%	47,400	19.3	0.12	0.20	1.26	2.00
O. 46	220	42,394		78,482	5,200	6.6%	11.0%	25,200	11.0	0.20	0.20	1.68	3.11

O. 8	218	23,384	6,498	37,697	4,200	11.1%	15.3%	79,200	38.1	0.05	0.07	0.30	0.47
O. 25	261	60,000	12,000	95,000	5,500	5.7%	10.0%	47,400	19.3	0.12	0.20	1.26	2.00
O. 46	229	42,394		78,482	5,200	6.6%	11.0%	25,200	11.0	0.20	0.20	1.68	3.11
Q. 13	350	140,000	44,000	120,000	13,500	10.8%	15.8%	120,000	17.4	0.11	0.16	0.86	0.74
Q. 10	240	50,000	10,000	96,000	8,000	8.3%	10.9%	55,200	11.0	0.15	0.19	0.90	1.73
S. 1	353	82,700	16,400	90,070	7,000	7.7%	10.2%	48,000	11.5	0.15	0.19	1.72	1.87
Average		51,711	14,146	73,989	6,400	10.4%	14.0%	52,987	16.8	0.15	0.19	1.01	1.45
400 to 499 Beds — 7 Hospitals													
A. 7	400	96,000	19,000	110,000	4,500	4.0%	6.8%	54,000	23.6	0.08	0.14	1.78	2.03
N.F. 1	456	74,000	15,000	79,689	7,000	8.7%	12.5%	60,000	14.8	0.12	0.17	1.22	1.32
O. 26	489	174,308	18,000	187,416	10,000	5.3%	8.3%	115,200	18.4	0.09	0.13	1.51	1.62
O. 31	447	114,321	25,675	240,474	10,000	4.1%	5.2%	66,000	14.7	0.15	0.18	1.73	3.64
O. 5	434	109,048	31,000	192,227	15,500	8.0%	9.4%	60,108	8.7	0.26	0.29	1.81	3.20
Q. 5	453	160,000	17,500	121,000	4,500	3.7%	11.2%	192,000	92.5	0.02	0.07	0.83	0.63
Q. 9	400	76,753	18,400	188,429	7,000	3.7%	8.5%	11,500	24.4	0.06	0.08	0.55	1.37
Average		114,918	22,510	159,890	8,357	5.4%	8.8%	79,829	28.1	0.11	0.15	1.44	2.00
500 to 1,000 Beds — 8 Hospitals													
A. 4	920	151,941	36,118	249,688	28,000	11.2%	15.6%	115,260	9.2	0.25	0.34	1.31	2.17
O. 36	559	134,485	24,000	197,630	19,500	9.8%	13.6%	50,880	5.5	0.38	0.53	2.64	3.88
O. 30	513	56,000	16,000	107,000	13,500	12.6%	16.3%	98,100	14.2	0.14	0.18	0.57	1.09
O. 12	850	164,808	43,950	247,165	23,500	9.5%	11.9%	240,000	23.0	0.10	0.12	0.69	1.02
O. 11	614	150,981	26,480	234,687	7,000	2.9%	10.6%	132,000	28.9	0.05	0.19	1.14	1.78
O. 2	506	69,300	18,500	100,253	4,500	4.4%	8.8%	24,000	11.8	0.19	0.38	2.88	4.17
Q. 4	540	91,000	50,000	122,000	3,500	2.8%	11.5%	219,600	25.1	0.02	0.06	0.41	0.56
S. 3	810	135,000	30,000	110,000	19,500	17.7%	20.0%	96,600	10.0	0.20	0.23	1.13	1.39
Average		119,189	30,631	171,052	14,875	8.8%	13.5%	122,055	15.9	0.17	0.25	0.98	1.40
Over 1,000 Beds — 1 Hospital													
O. 23	1625	340,000	80,000	413,644	46,500	11.2%	14.8%	295,200	15.0	0.16	0.21	1.15	1.40
Totals of all 45 Hospitals		$3,494,066	$845,877	$4,943,794	$401,000			3,353,664					
Average of all 45 Hospitals		$77,645	$ 18,797	$ 109,862	$ 8,920	8.1%	12.2%	74,525	18.0	0.15	0.20	1.04	1.47

Number of Hospitals	Average Amount per prescription recovered above or below cost	Average Unit Salary Cost	Average Work-Load	Number Above Average Work-Load of 12.7**
8	$0.22—below	$0.16	25.6	7
12	0.08—above	0.17	18.6	9
8	0.34—above	0.18	18.8	6
12	0.67—above	0.24	14.2	5
5	1.47—above	0.26	10.3	1

**see Table III, The Second Hospital Pharmacy Survey, Part I, Bull. O.C.P., January, 1958.

seem advisable that prescription pricing methods in hospitals, in the main, should be subject to some reconsideration.

TABLE IX

PRESCRIPTION PRICING METHODS

METHOD	Alberta	British Columbia	Manitoba	Nova Scotia	New Brunswick	Ontario	Quebec	Saskatchewan	TOTAL
Net Cost Price	1	1	....	....	....	....	....	....	2
Cost Plus Some %	1	1	6	5	....	7	4	....	24
List Price	1	1	....	....	3	28	9	....	42
List Price Plus Some %	....	....	....	....	....	....	2	....	2
Faculty of Pharmacy, University of Toronto Schedule	....	....	....	....	....	8	....	....	8
Covered by Flat Rate	5	8	....	....	....	....	....	10	23

SALARIES

In Table X certain columns from Table VIII are abstracted and rearranged in ascending order of increasing work load—column one. Column two gives the unit pharmacist's salary cost per prescription or ward order while column three adds this cost to the unit cost of lay personnel in the pharmacy. Column three, in reality, gives the unit labour cost of dispensing a prescription or ward order regardless of whether the activity was performed by professional or lay personnel. Column four relates the pharmacist's salary to Income received from drugs and pharmaceuticals while column five relates both professional and lay personnel salaries to income received from drugs and pharmaceuticals.

There is a reasonable correlation between columns one and two and columns two and three, that is, the work load increases as the unit labour cost of dispensing a prescription or ward order decreases. The average labour cost per hospital pharmacy is 20c. If we assume that only professional personnel dispense prescriptions and ward orders, the average per hospital is only 15c. This is very much lower than the

TABLE X

1	2	3	4	5
WORK LOAD	Unit Pharmacist's Salary Cost Per Rx or Ward Order	Unit Pharmacist's and Lay Personnel Salary Cost Per Rx or Ward Order	Pharmacists' Salaries as Per Cent of Drug Income	Pharmacists' and Lay Personnel Salaries as Per Cent of Drug Income
3.9	$0.27	$0.31	19.6%	23.1%
5.5	.38	.53	9.8%	13.6%
5.9	.29	.29	11.4%	11.4%
6.2	.35	.39	7.2%	8.4%
7.9	.22	.29	20.1%	26.4%
8.7	.26	.29	8.0%	9.4%
8.8	.22	.22	11.2%	11.2%
9.2	.25	.34	11.2%	15.6%
10.0	.20	.23	17.7%	20.0%
10.8	.13	.19	14.2%	20.3%
10.9	.22	.24	16.6%	18.2%
11.0	.20	.20	6.6%	11.0%
11.0	.15	.19	8.3%	10.9%
11.2	.19	.25	4.3%	5.7%
11.5	.15	.19	7.7%	10.2%
11.8	.19	.38	4.4%	8.8%
12.6	.17	.22	6.6%	8.7%
12.8	.14	.17	8.8%	11.2%
13.0	.17	.23	8.6%	11.5%
14.2	.14	.18	12.6%	16.3%
14.4	.10	.14	9.8%	14.0%
14.7	.15	.18	4.1%	5.2%
14.8	.12	.17	8.7%	12.5%
15.0	.16	.21	11.2%	14.8%
15.2	.14	.19	28.1%	37.5%
15.7	.14	.21	7.2%	10.9%
16.1	.16	.21	8.3%	10.6%
17.1	.08	.14	10.5%	18.3%
17.1	.09	.15	6.8%	10.6%
17.4	.11	.16	10.8%	15.8%
18.4	.09	.13	5.3%	8.3%
19.3	.12	.20	5.7%	10.0%
19.6	.08	.24	11.3%	19.5%
20.4	.07	.11	8.9%	12.9%
21.0	.09	.13	10.0%	13.3%
22.6	.09	.12	5.7%	7.7%
23.0	,10	.12	9.5%	11.9%
23.6	.08	.14	4.0%	6.8%
24.4	.05	.08	3.7%	8.5%
25.1	.02	.06	3.8%	11.5%
28.9	.05	.19	2.9%	10.6%
29.6	.08	.12	4.5%	7.0%
38.1	.05	.07	11.1%	15.3%
39.4	.05	.06	4.3%	5.8%
92.5	.02	.07	3.7%	11.2%

estimated cost-of-labour applicable of 56c in a retail pharmacy determined by the National Prescription Survey (U.S.A.) of 1954-55. Of course, the salaries of hospital pharmacists are lower than in retail practice and the law will not permit non-professional personnel in a retail pharmacy to dispense prescriptions.

The differences between the figures in column 4 and 5 indicate the extent to which non-professional personnel are used in hospital pharmacies. It will be noted that two hospitals did not employ any non-professional personnel while 43 did. In several instances the salaries of non-professional personnel were almost equal in amount, but not in persons, to payments made to professional personnel. Also, there is no correlation whatsoever between column one and five. This is so because there is no over-all consistency in prescription pricing methods among the 45 hospitals.

It would appear from this analysis that ability to pay the salary or salaries of professional personnel is predicated on the method of prescription pricing. If, by correct cost accounting methods, a hospital pharmacy can find the average "transaction cost" for prescriptions and ward orders, it has the basic data necessary for the formulation of an

TABLE XI

21 ONTARIO HOSPITALS employing NO Pharmacist

Code Number	Number of Beds	Yearly Hospital Expenditures for Drugs and Pharmaceuticals	Pharmacy Inventory	Annual Pharmacy Income from Drugs and Pharmaceuticals
OX. 52	60	$ 9,528	$ 4,823	$17,380
OX. 1	60	11,527	4,500	19,679
OX. 12	70	5,000	3,500	17,000
OX. 28	73	15,587	3,785	21,447
OX. 39	91	14,000	5,000	16,000
OX. 17	102	24,231	14,757	31,875
OX. 53	102	18,759	3,500	20,556
OX. 34	103	18,000	9,000	18,300
OX. 24	106	15,519	6,274	31,983
OX. 30	112	15,000	5,000	7,000
OX. 11	114	25,000	14,000	22,000
OX. 8	123	17,300	8,500	21,000
OX. 46	130	19,000	2,500	15,500
OX. 6	132	15,000	10,000	32,000
OX. 44	133	8,430	3,800	8,800
OX. 22	135	14,097	3,961	26,852
OX. 14	148	12,552	3,000	20,739
OX. 23	170	33,402	15,000	38,961
OX. 2	188	5,604	1,146	4,829
OX. 38	218	5,000	700	3,600
OX. 5	265	80,449	15,800	108,196
Totals		$381,985	$138,546	$503,697
Average of all 21 hospitals		$ 18,189	$ 6,597	$ 23,985

adequate pricing scheme. To the transaction cost could be added the cost of the ingredients of the individual prescription or ward order and a further amount added as a safety factor. The average transaction cost plus the amount of the safety factor could be added together and designated as a "professional fee". The pricing scheme would then be the professional fee plus the cost of the ingredients. This seems to be, to the authors, a rational means of prescription pricing.

Table XI gives some "key figures" for 21 Ontario Hospitals that do NOT employ a pharmacist. It is quite apparent from the incomes obtained by these hospitals that they can well afford to engage pharmacists to do their dispensing and fill ward orders.

SUMMARY

1. The establishment of both professional and administrative policies pertaining to the pharmacy department in a hospital is essential in order to provide good intradepartmental relationships and to maintain good public relations between the hospital and the community. This survey has indicated that Canadian and Ontario hospitals which employ a pharmacist have attempted to meet this challenge. In Ontario, according to the replies received, approximately 40% have a Pharmacy and Therapeutics Committee, 24% fill home-going prescription, 20% fill out-patient prescriptions and 40% fill orders for staff medications. Only 10% have some prescriptions filled at local pharmacies.

2. While most Canadian hospitals accept the fact that the pharmacist is the logical member of the hospital staff to set the specifications and purchase drugs and pharmaceuticals, many hospitals still do not recognize the organizational line of communication or liaison between the medical staff and the Pharmacy Department through the Pharmacy and Therapeutics Committee. In the Ontario hospitals reported in the survey, approximately 42% replied that the pharmacist sets the specifications for the drugs and pharmaceuticals purchased and 43% stated that the pharmacist does the actual purchasing of these items. Approximately 31% of the Ontario replies received indicated that drugs and pharmaceuticals were not purchased sales tax exempted and 33% indicated that special hospital discounts were received.

3. If the 45 hospitals submitting "key figures" in Table VIII are representative, it would appear that the majority leave much to be desired concerning their prescription pricing practices.

4. Table XI indicates that many more Ontario hospitals are financially able to employ one or more pharmacists.

H. J. FULLER. I. E. STAUFFER.

Mr. V. L. Mutton, Phm.B., has been appointed to replace the late Mr. O. M. Mitchell as one of the three representatives of the graduates of pharmacy on the Senate of the University of Toronto. The other representatives are Mr. P. W. Goldman, Phm.B. and Mr. H. C. Peacock, Phm.B.

Toronto automatically became licensed upon payment of the Council fees. Also, it was while Mr. Luton was chairman of the Education Committee that arrangements were made with the University of Toronto for the teaching of some subjects by the staff of the University.

Prior to 1937-38, it had been decided to increase the course to three years and the new building was designed and equipped for this. However, the programme was set aside for the duration of the war. After the war, the three year tentative programme seemed inadequate in view of the progress in research and medical science. With Professor F. N. Hughes and some members of the Council Mr. Luton visited several Colleges of Pharmacy of Universities in the United States, Purdue in particular. On their return they mapped out a four-year course. After much hard work selling the idea to the pharmacists of Ontario, arrangements were made with the University of Toronto to grant a Bachelor of Science in Pharmacy degree for satisfactory completion of the four-year course. The Council had approved of the plan in November, 1944 and the Senate of the University of Toronto in 1947 approved the four-year curriculum and established the degree of Bachelor of Science in Pharmacy.

In 1950-51, Mr. Luton in collaboration with others, spent much time drafting a new Pharmacy Act which, when passed, had little resemblance to the draft on which the committee had worked so diligently. Mr. Luton was active and influential in the planning of the new Dispensing Laboratory in 1953. He was for the year 1956-57 Ontario member of the Council of the Canadian Pharmaceutical Association. Mr. Luton was President of the Ontario College of Pharmacy 1955-57. On account of illness Mr. Luton withdrew from the Council at the end of June, 1957.

With his vision, his faculty for accurately gauging the needs of the future, combined with the only ability to which he lays claim, that of never being afraid to state his convictions, we find it hard to believe that W. S. Luton has reached his zenith, but rather expect him to continue to render his inimitable dignified and capable leadership in the profession of pharmacy.

D. J. HARPER.

NEW ANNUAL AWARDS IN THE FACULTY OF PHARMACY TOTAL $2650

During the past two months four different types of annual awards totalling $2,650 have been established in the University of Toronto—two by pharmaceutical manufacturers and two by retail pharmaceutical companies. It is significant and indicative of the scope of the need for such awards that each is of a distinctly different type.

The Warner-Lambert Research Fellowship in Pharmacy

Warner-Lambert Canada Ltd. have established in each of five Canadian universities, including the University of Toronto, an annual research fellowship in Pharmacy amounting to $1,500, of which $300 will be used by the University to provide facilities and materials for a graduate student in the Faculty of Pharmacy who will receive the balance, $1,200. Through the direct aid to and the encouragement of pharmaceutical research which this fellowship will provide during the next five years one of the greatest needs of pharmaceutical education is being recognized. The graduate programme which has been making

steady progress requires this type of assistance on a substantial scale if pharmaceutical research in the universities is to reach the quantitative and qualitative levels which have been achieved by other divisions.

The Tamblyn Scholarship

Recognizing the importance of encouraging more young men to enter Pharmacy, G. Tamblyn Limited have established an entrance scholarship in the amount of $500 to be awarded to the male student who obtains the highest standing in first class honours at the Ontario Grade XIII examinations, and who has not won an entrance award of greater or potentially greater value.

Pfizer Fellowship in Hospital Pharmacy

The new residency in Hospital Pharmacy which is being established at the present time in co-operation with the Women's College Hospital is receiving recognition in the establishing by Pfizer Canada of an annual $500 fellowship in Hospital Pharmacy, open to candidates admitted to this new post-graduate programme. Not only will this award materially assist one intern taking this programme but it will provide a real stimulus to the extension of such residencies to other hospitals.

The Plaza Drug Stores Limited Scholarship

In order to encourage scholarship among those electing retail pharmacy options, Plaza Drug Stores Limited have established an annual $150 scholarship. This will be awarded at the end of the third year to the student who has obtained the highest standing in the Pharmacy Administration subjects of the second and third years combined and who has an average in all subjects of at least second class honours, and who has elected the retailed pharmacy options of the fourth year.

Local Entrance Awards

Several local pharmaceutical associations have recently established entrance bursaries or scholarships in active recruitment campaigns in various parts of the province. Included is an Ottawa Pharmacists' Association $350 bursary. We also understand that consideration is being given to such an award by the pharmaceutical associations in Sarnia, London, Thunder Bay and Quinte. If all of these groups are successful in their efforts, it will mean a total of at least nine admission awards established at local levels. There is no doubt that this is one of the effective ways to encourage recruitment.

F. N. HUGHES.

THE UNIVERSITY OF TORONTO—PHARMACY ALUMNI FUND — 1957

About a year ago the first, of what is to be an annual appeal, was sent to all pharmacy graduates. It was pointed out in that letter that in lieu of a University of Toronto Alumni membership fee graduates were being asked to make each year a contribution which would be divided equally between the University of Toronto and the Pharmacy Alumni Bursary Fund which latter would be for the sole use of the Faculty of Pharmacy to aid deserving undergraduates. Below is a summary of the number of contributors and the amount of contributions received. A comparison is also shown with some other divisions of the University.

	Contributors	Total Contributions	Average Contribution
Engineering	2217	$27,424.18	$12.37
Dentistry	391	3,151.50	8.06
Pharmacy	191	1,466.50	7.68
Other	10	181.09	18.11
University College	560	6,308.00	11.26
		$38,531.27	

Since the amount contributed from Pharmacy — $1,466.50 — was divided equally between the University and the Pharmacy Alumni Bursary Fund, graduates in Pharmacy provided $733.25 for bursary assistance through their 1957 contributions.

This first annual appeal, in respect to Pharmacy, with its rewarding and encouraging results, leads us to believe the appeal of 1958 will receive an equal or even greater response from all pharmacists throughout the province.

R. ELIZABETH SMITH, President,
Pharmacy Alumni Association in affiliation with
University of Toronto Alumni Association.

PHARMACY WEEK — OCTOBER 5 - 11

It may seem a little early to be talking about Pharmacy Week. However, since the Bulletin is not published in the summer months, the next issue, September, would be a bit too late for you to start making your plans. The illustration on the opposite page, the inside of the back cover, is a reasonable reproduction of what the three-piece display set for Pharmacy Week will look like. The major change will be that gold will replace the red in the present illustration. These sets will be available from Drug Trading Company, and the National Drug and Chemical Company Limited at $1.00 per set.

The set was planned by the Toronto Retail Pharmacists Association in conjunction with the Ontario Retail Pharmacists Association, The Ontario College of Pharmacy, The Canadian Pharmaceutical Association, and Drug Trading Company. The T.R.P.A. is supplying these sets to all pharmacists in Metropolitan Toronto. It would facilitate handling if your local association orders the sets as a group — contact your local association.

The T.R.P.A. suggests that you plan your PHARMACY WEEK promotion as follows:

1. Have this week proclaimed officially in your municipality. Request your local Mayor to do this.
2. Arrange for radio and television interviews.
3. Contact your local service clubs and arrange to deliver talks on pharmacy at the meeting closest to Pharmacy Week. Material and Prepared lectures can be obtained from the office of the Canadian Pharmaceutical Association, 221 Victoria St., Toronto 2.
4. Arrange for group advertising in your local paper — be sure to contact every pharmacist in your area.
5. Stress the professional side of Pharmacy during Pharmacy Week.
6. Be sure to have a Profession Window Display. If you lack time or ingenuity contact your local Window Display Service.

Research in Pharmacy

We are always in readiness to fill your Physician's prescriptions for the latest discoveries of the pharmaceutical laboratories.

Rx

Our first and most important responsibility is the

DISPENSING of MEDICINE

and provision of

Pharmaceutical Services

Protect your Health

Remember... Consult your Physician and Dentist regularly.

Prepare **NOW**
for the Summer Season

CHECK YOUR STOCK OF:

BONAMINE*

The summer travel season is fast approaching and so is the demand for Bonamine, the only motion-sickness preventative effective with a single daily dose. Bonamine is supplied in 25 mg. oral tablets, vials of 8 or bottles of 100 and 500; and also in 25 mg. chewing tablets, boxes of 8.

VITERRA PLUS*†

An ever-increasing summer market for this multi-vitamin / mineral formulation assures high sales through the summer months ahead. Viterra Plus is available in bottles of 30, 60, 100, and 250 capsules.

and don't forget

Tyzine* — **the superior nasal decongestant**

Toclase* — **cough syrup and expectorant**

Candettes* — **for sore throats**

Available from your favourite wholesaler

Pfizer **PFIZER CANADA**
5330 Royalmount Avenue
MONTREAL 9, QUE.

† Display material available on request.
** Trademark Chas. Pfizer & Co. Inc.*